



Network Health Plan
 1570 Midway Place
 P.O. Box 120
 Menasha, WI 54952
 Phone: (920) 720-1300 (800) 826-0940
 Fax: (920) 720-1900
 Web site: www.networkhealth.com























Type of Plan	Health Maintenance Organization
Total Number of Members.....	66,044
Years of Operating Experience	23
Total Number of Primary Care Physicians (PCPs)	335
Percentage of PCPs Accepting New Patients	94%
Percentage of Board Certified Specialty Care Physicians.....	80.49%
Number of Urgent Care Facilities	15
Number of Dentists.....	398

ADDITIONAL INFORMATION

Referral Requirements	<p>If a Primary Care Practitioner (PCP) feels that his or her patient needs specialty care, the practitioner may refer the member to an in-plan specialist for evaluation. This referral may be written or verbal and may not require authorization from Network Health Plan. A referral is not required to see another participating PCP who is on call for your PCP, a participating OB/GYN, Chiropractor, or an Ophthalmologist/Optomtrist (for routine eye exams only). Referrals to non-participating providers require prior authorization from NHP. Please refer to the prior authorization section.</p>
Prior Authorization Requirements	<p>Network Health Plan's (NHP) Health Management Department utilizes pre-authorization requirements and pre-admission review to ensure that selected procedures, treatment plans, health services, particular providers or locations are medically necessary and constitute appropriate care based upon NHP's health management criteria and other nationally-recognized guidelines. Some health services will not be covered without prior written authorization from NHP's Health Management Department. Inpatient hospitalizations, out-of-plan services or care at tertiary facilities are a few examples of health services that require prior authorization from NHP. A member should contact his or her PCP or NHP Customer Service Department for information on specific health care services that require pre-authorization and/or pre-admission review, and for verification that NHP has approved an authorization prior to obtaining services. A copy of the authorization is provided to the doctor requesting the authorization, the doctor being authorized and the member receiving the medical services.</p>
Medicare Claims Procedure	<p>When Medicare is the primary payer of medical claims, the claim is first processed by Medicare. When the explanation of benefits is received, the subscriber needs to forward the explanation of benefits to NHP for processing of copays, deductibles, or services not covered by Medicare per the NHP plan provisions as outlined by ETF.</p>
OnLine Services	<ul style="list-style-type: none"> Members can access Network <i>Connect</i> to view: claims, explanation of benefits, overview of benefits, Certificate of Coverage, provider information, and request additional Customer Service. Provider directory can be accessed at: http://www.networkhealth.com/page/nhppd please reference State of WI Fox Valley Network Provider Directory. Also available online is Nurse Direct, Privacy Practices, Member Rights and Responsibilities, clinic locations and more.
Outpatient Mental Health Network/Policy	<p>All mental health and substance abuse services must be provided by a participating provider. Please refer to the State of WI provider directory for a listing of our participating providers. If you need assistance please contact 800-555-3616.</p>

ADDITIONAL INFORMATION

24-Hour Nurse Line	NHP provides NurseDirect, which is a free 24-hour health advice call-in service. NurseDirect provides up-to-date information on NHP physicians (including office hours and locations) and advice and assessment for illnesses, injuries and other health concerns. NurseDirect can be reached at (920) 738-2230 or (800) 362-9900.
PCP Restrictions	When you become an NHP member, you will choose a participating PCP for each family member. Your PCP coordinates all of your health care needs. You may choose a family practice, general practice, internal medicine, pediatrician physician or an Allied Health professional. You can change your PCP at any time. Whenever you or a family member need care, your PCP should be contacted. He or she will discuss the best course of treatment, including whether or not to refer you to a Network-participating specialist.
Dental Benefits Provided	<p>Annual Deductible \$25 Individual/\$75 Family (applies only to basic restorative and orthodontic services)</p> <p>Individual Annual Maximum \$1,000</p> <p>Individual Lifetime Orthodontic Maximum \$1,500</p> <p>Diagnostic and Preventative Services covered at 100% include: examinations, teeth cleanings (prophylaxis and periodontal maintenance), bitewing and x-rays (twice per calendar year), full mouth x-rays (at three year intervals), fluoride treatments (twice per calendar year to age 19), and space maintainers.</p> <p>Basic Restorative Services covered at 80% include: emergency treatment to relieve pain, fillings, and sealants.</p> <p>Orthodontics are covered at 50% for dependent children when the active treatment starts before age 19.</p> <p>For benefits to apply, you must utilize a Delta Dental provider. Please visit the Delta Dental web site for the most up to date listing of dentists at www.deltadentalwi.com or by calling Delta Dental at 1-800-236-3712.</p>
Quality Improvement Initiatives	<ul style="list-style-type: none"> Implementation of reminder and education programs for practitioners and members to increase the percentage of members receiving appropriate treatment for the following: <ul style="list-style-type: none"> -Diabetes/routine kidney monitoring -Blood pressure monitoring -Depression medication compliance -Asthma medication compliance To improve member satisfaction with the health plan, continue to analyze feedback from new members and conduct staff training to improve new member understanding of navigating the system.

Counties in Service Area	Hospitals in County	Major Providers in County*
Calumet	 Calumet Medical Center	To find out if your physician or hospital is a participating provider, either check your Provider Directory, call Customer Service at (800) 826-0940, call Affinity Nurse Direct at (800) 362-9900, or visit our web site at www.networkhealth.com .
Dodge	   Waupun Memorial Hospital	
Fond du Lac	   Ripon Medical Center	
	   St. Agnes Hospital	
Green Lake	  Berlin Memorial Hospital	
Outagamie	  St. Elizabeth Hospital	
Sheboygan	 St. Nicholas Hospital	
Waushara	 Wild Rose Community Memorial Hospital	
Waupaca	  Riverside Medical Center	
Winnebago	  Mercy Medical Center	

* This column provides only a general summary of major provider groups. For a complete listing, please contact the plan at the phone number on the preceding page.